

PTO/SB/21 (04-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/750,982
Filing Date	January 2, 2004
First Named Inventor	Musolf, Tom
Art Unit	3713
Examiner Name	Unassigned
Attorney Docket Number	020824-003512US
Total Number of Pages in This Submission	4

**ENCLOSURES** (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

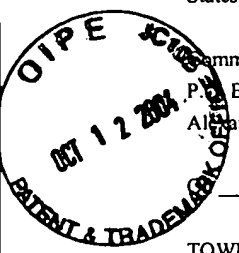
Firm or Individual name	Townsend and Townsend and Crew LLP Patrick R. Jewik	Reg. No. 40,456
Signature		
Date	October 7, 2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Landon Clark		
Signature		Date	October 7, 2004

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PATENT  
Attorney Docket No.: 020824-003512US  
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Alexandria, VA 22313-1450

10-7-04

TOWNSEND and TOWNSEND and CREW LLP

By: 

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Tom Musolf, et al.

Application No.: 10/750,982

Filed: January 2, 2004

For: ELECTROGRAPHIC POSITION  
LOCATION APPARATUS INCLUDING  
RECORDING CAPABILITY AND  
DATA CARTRIDGE INCLUDING  
MICROPHONE

Examiner: Unassigned

Art Unit: 3713

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A-B are being called to the attention of the Examiner. In accordance with the USPTO waiver of the requirement under 37 CFR 1.98 (a)(2)(i) for submitting a copy of each cited U.S. patent and each U.S. patent application publication for all U.S. patent applications filed after June 30, 2003, applicant has not submitted copies of the references. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

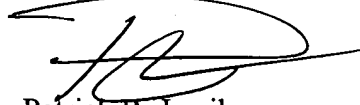
As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

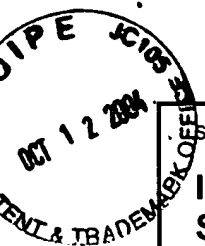
However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Patrick R. Jewik  
Reg. No. 40,456

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PRJ/lle  
60326529 v1



Substitute for form 1449B/PTO				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)				Application Number	10/750,982
				Filing Date	January 2, 2004
				First Named Inventor	Musolf, Tom
				Art Unit	3713
				Examiner Name	Unassigned
Sheet	1	of	1	Attorney Docket Number	020824-003512US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code <sup>2</sup> (if known)			
	AA	US-4,884,974	12-05-1989	DeSmet	
	AB	US-5,167,508	12-01-1992	Mc Taggart	
	AC	US-5,453,013	09-26-1995	Billings et al.	
	AD	US-5,888,070	03-30-1999	La Tour et al.	
	AE	US-6,167,233	12-26-2000	Gresser Jr. et al.	
	AF	US-6,148,173	11-14-2000	Bell	
	AG	US-6,421,524 B1	07-16-2002	Padgett	
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FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

Examiner Signature		Date Considered	
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\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.